

| REQUEST FOR QUOTATION (THIS IS NOT AN ORDER) | | SET ASIDE <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT | | TYPE: FFP | | PAGE 1 OF PAGES 4 | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------|--|
| 1. REQUEST NO. DTFAAC-09-R-02000 | | 2. DATE ISSUED 02/09/2009 | | 3 REQUISITION/PURCHASE REQUEST NO. AC-09-02000 | | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1 | |
| 5a. ISSUED BY FEDERAL AVIATION ADMINISTRATION P.O. BOX 25082 ATTN: AMQ-210 OKLAHOMA CITY OK 73169 | | 6. DELIVERY → | | | | | |
| 5B. FOR INFORMATION CALL (NO COLLECT CALLS) | | | | | | | |
| NAME Beth Orton Email: beth.orton@faa.gov FAX: (405) 954-9219 | | TELEPHONE NUMBER AREA CODE 405 | | NUMBER 954-1015 | | 7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION OTHER <input type="checkbox"/> (SEE SCHEDULE) | |
| 8. TO BE COMPLETED BY QUOTER: | | 9. DESTINATION | | | | | |
| a. NAME | | b. COMPANY | | a. NAME OF CONSIGNEE | | | |
| c. STREET ADDRESS | | b. STREET ADDRESS 6500 S MacArthur Blvd | | | | | |
| d. CITY | | e. STATE | | f. ZIP CODE | | c. CITY Oklahoma City | |
| | | | | | | d. STATE OK | |
| | | | | | | e. ZIP CODE 73169 | |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) 2/25/2009 @ 3 P.M. CST | | IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter. | | | | | |
| 11. SCHEDULE (Include applicable Federal, State and local taxes) | | | | | | | |
| ITEM NO. | SUPPLIES/SERVICES (b) | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | | |
| | To comply with reporting requirement of 26 U.S.C. 6041, 6041A and implementing regulation issued by the Internal Revenue Service, your Taxpayer Identification Number AND Duns Number are required: TIN: _____; DUNS: _____ Please reference your quote No. _____ Reference Asset Identification Equipment and Services (2D Barcoding) in accordance with attached Statement of Work. | | | | | | |
| 0001 | 2D Printer – Foilstar 300 Marking System in accordance with attached Equipment List | 2 | Ea | _____ | _____ | | |
| 0002 | Label Creation Software (includes minimum of five licenses) | 1 | Ea | _____ | _____ | | |
| 0003 | Verifier | 2 | Ea | _____ | _____ | | |
| 0004 | LCD Video Monitor – 7" | 2 | Ea | _____ | _____ | | |
| 0005 | Tesa Marking Material | 2 | Ea | _____ | _____ | | |
| 0006 | Fume Extractor | 2 | Ea | _____ | _____ | | |

| ITEM NO. | SUPPLIES/SERVICES (b) | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) |
|----------|-------------------------------------------------------------------|-----------------|-------------|----------------------------------|---------------|
| 0007 | Setup/Installation (NTE \$12,000) | | Per Day | _____ | _____ |
| 0008 | Hardware and Training (NTE \$10,000) | | Per Day | _____ | _____ |
| | | | | SUBTOTAL (Items 0001-0008) | _____ |
| | *NOTE: THE FOLLOWING ITEMS ARE COST REIMBURSEMENT – NO FEE | | | | |
| 0009 | Travel Expenses (NTE \$1,000) | | | | _____ |
| 0010 | Freight | | | | _____ |
| | | | | SUBTOTAL (Items 0009-0010) | _____ |
| | | | | TOTAL (Items 0001-0010) | _____ |

| | | | | | |
|-----------------------------------------|----------------------------|----------------------------|-------------------------------|------------------|------------|
| 12. DISCOUNT FOR PROMPT PAYMENT OFFERED | a. 10 CALENDAR DAYS (%) | b. 20 CALENDAR DAYS (%) | c. 30 CALENDAR DAYS (%) | d. CALENDAR DAYS | |
| | | | | NUMBER | PERCENTAGE |

NOTE: Additional provisions and representations ☒ are ☐ are not attached.

| | | | | |
|--------------------------------|----------|-------------|------------------------------------------------------------|-----------------------|
| 13. NAME AND ADDRESS OF QUOTER | | | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION | 15. DATE OF QUOTATION |
| a. NAME OF QUOTER | | | | |
| b. STREET ADDRESS | | | 16. SIGNER | |
| c. COUNTY | | | a. NAME (Type or print) | b. TELEPHONE |
| | | | | AREA CODE |
| d. CITY | e. STATE | f. ZIP CODE | c. TITLE (Type or print) | NUMBER |

3.2.2.3-20 Electronic Offers (July 2004)

- (a) The offeror (you) may submit responses to this SIR by the following electronic means of fax and email. Your offer must arrive at the place and by the time specified in the SIR.
- (b) Electronic offers must refer to this SIR and include, as applicable, the item or sub-items, quantities, unit prices, time and place of delivery, all representations and other information required and a statement specifying the extent of your agreement with all the FAA's (we) terms, conditions, and provisions.
- (c) We may decline to consider electronic offers that do not include required information, or that reject any of the terms, conditions and provisions of the SIR.
- (d) We reserve the right to make award solely on the electronic offer. However, if the CO requests, you must promptly submit the complete original (hard copy) signed proposal.
- (e) Send your offer electronically to fax (405) 954-3030 or Beth.Orton@faa.gov
- (f) If you chose to send your offer electronically, we will not be responsible for any failure attributable to transmitting or receiving the offer.

(End of provision)

REIMBURSEMENT OF TRAVEL COSTS (JUNE 2007)

CLA.4531

This clause governs the payment of travel expenses as a direct contract cost, as differentiated from indirect travel cost or Company travel that would be governed by the Contractor's internal travel policies. The Government will reimburse the contractor for travel costs, as specified in this clause, that are required, approved and incurred by contractor personnel traveling outside the commuting range of their assigned work location in performance of this contract.

(a) Travel under this clause must be funded under the contract/order and then authorized in advance by the Contracting Officer (CO) or Contracting Officer's Technical Representative (COTR) before travel costs are charged as a direct contract cost. Individual shall separately identify all travel related expenses claimed for reimbursement, by trip. The contractor shall submit proof of its actual purchase price for commercial transportation, lodging and any other items to be reimbursed at actual cost. Unless directed otherwise, in writing, by the CO or COTR, subsistence cost (meals and incidental expenses) shall be billed and paid on the per diem basis specified below.

(b) Government reimbursements for claimed travel costs, including per diem, will be made in accordance with the Federal Travel Regulations (FTR), as amended, issued by the General Services Administration (GSA) and maintained on its website, <http://www.gsa.gov/>. Reimbursement for common-carrier fares shall be limited to actual cost of the lowest economy, standard, coach, or equivalent fare offered during normal business hours, plus customary agent fees. Any other common-carrier charges, reimbursement for private or corporate air travel or use of rental cars must be included in an advanced written authorization to travel. Expenses for transportation by private or corporate vehicles shall be reimbursed on a mileage basis at the FTR transportation rates in effect at the time the travel is accomplished, plus necessary tolls, or at the total constructive cost of common carrier transportation, whichever is most advantageous to the Government.

(c) The contractor shall not be entitled to reimbursement under this clause for any travel costs associated with contractor-directed personnel changes, personnel/labor disputes, for employee convenience, or for travel to and from the normal assigned work locations. All claims for reimbursement are subject to the cost principles contained in the FAA's Acquisition

Management System.

(d) Travel costs for transportation, lodging, per diem or subsistence and other related expenses shall not be burdened by any profit or indirect costs with the exception of a nominal handling charge. Nominal handling charges may be charged for travel under this clause to the extent specified in the contract/order price schedule or payment clause elsewhere in this contract.

CONTRACTOR IS TO FURNISH THE FOLLOWING UNDER THE TERMS AND CONDITIONS SPECIFIED ON BOTH SIDES OF THIS ORDER AND IN ACCORDANCE WITH CLAUSES _4, 6, 7, 8, 9, 15, 33, 37, AND 43__ OF THE ATTACHED "PURCHASE ORDER TERMS AND CONDITIONS", AC FORM 4415-8 (12/06).